

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0414545
Insp Area: 4
Thos Bros:
Sub-Type: NSFR
Housing (Y/N):

Site Address: 3368 LA CADENA WY SAC
Parcel No: 201-1000-052 NATOMAS CREEK VIL. 1 LOT 254
N

CONTRACTOR
D. R. HORTON INC.
4401 HAZEL AVE STE 225
FAIR OAKS, CA 95628

OWNER

ARCHITECT

Nature of Work: MP2630 2 STORY 10RM SFR

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 750190 Date 9-29-04 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____
Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
SEP 29 2004
PERMIT

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 9-29-04 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier AMERICAN CASULTY CO Policy Number WC247856876 Exp Date 07/01/2005

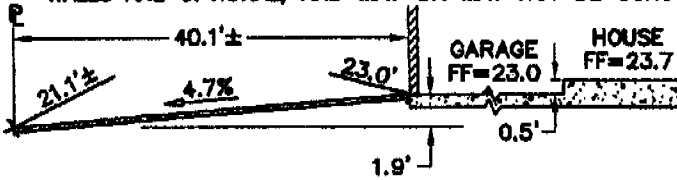
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 9-29-04 Applicant Signature [Signature]

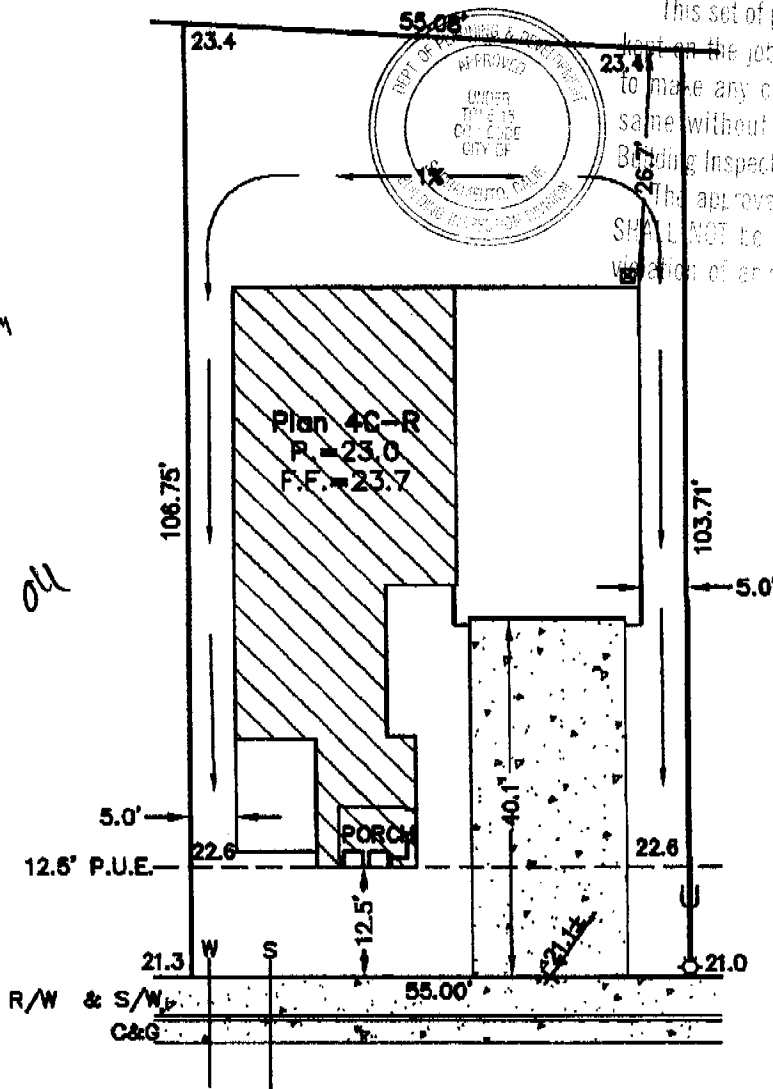
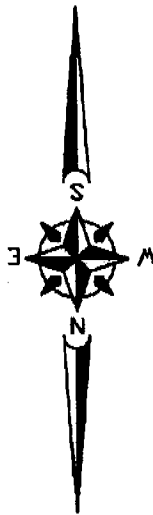
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

THIS PLOT PLAN IS NOT FOR SALES PURPOSES. THIS PLOT PLAN IS FOR THE PURPOSE OF INDICATING COMPLIANCE WITH ZONING SET BACKS, GENERAL DRAINAGE AND APPROXIMATE UTILITY CONNECTION, ALL OTHER DATA SHOWN HEREON IS CONCEPTUAL. THIS PLOT PLAN DOES NOT REFLECT AS-BUILT CONDITION, RETAINING WALLS ARE OPTIONAL, AND MAY OR MAY NOT BE CONSTRUCTED.



DRIVEWAY CENTERLINE PROFILE
(NOT TO SCALE)



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations not the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to penalize or apply the violation of any City Ordinance or code.

La Cadena Way

- LEGEND**
- U - - - - UTILITY LOCATION
 - ☐ - - - - AIR CONDITIONER
 - S - - - - SEWER
 - W - - - - WATER
 - ☆ - - - - STREET LIGHT

NET LOT AREA = 5,787 SQ. FEET
FOOTPRINT AREA = 2,135 SQ. FEET
LOT COVERAGE = 37%

SCALE: 1" = 20'

PLOT PLAN
LOT 1254
Natomas Creek Village 1
Palisades - Phase 4
City of Sacramento, State of California

WECKER
SURVEYS
1111 KENNEDY PLACE
SUITE 4
DAVIS, CA 95616
530-792-7252
FAX 530-758-2775

CERTIFICATION OF INSULATION

PART I GENERAL	ADDRESS OR TRACT			SACRAMENTO BUILDING PRODUCTS																
	<p><i>DR Horton</i></p> <p style="text-align: right;">LOT # <i>1254</i></p> <p style="font-size: 2em;"><i>3368 La Cadena Wy SAC</i></p> <p><i>PALISADES</i></p>			<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED																
PART II AREAS INSULATED	WALLS			CEILINGS			FLOORS													
	(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)													
	TYPE OF INSULATION			TYPE OF INSULATION			TYPE OF INSULATION													
	MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS													
	FORM BATTS			FORM BATTS & BLOW			FORM BATTS													
	MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.													
	MANUFACTURER			MANUFACTURER			MANUFACTURER													
	CT	OC	JM	CT	OC	JM	CT	OC	JM											
	R - VALUE INSTALLED			APPLIED THICKNESS			R - VALUE INSTALLED			APPLIED THICKNESS										
	<i>13 19</i>			<i>3.5 5.5</i>			<i>30</i>			<i>9"-12"</i>			<i>---</i>			<i>38</i>			<i>12"-14.75"</i>	
KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE																				
MATERIAL FIBERGLASS			FORM BATTS			R VALUE			MANUFACTURER											
CT			OC			JM			CT			OC			JM					
AIR INFILTRATION SEALANT																				
MATERIAL <i>Foam</i>						MANUFACTURER HILTI			HANDY FOAM											
THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.																				
SIGNATURE -- INSULATION CONTRACTOR <i>J.C.</i>						TITLE MANAGER			DATE <i>3/16/05</i>											
SIGNATURE -- GENERAL CONTRACTOR						TITLE			DATE											
REMARKS																				
PART III CERTIFICATION																				

INSTALLATION CERTIFICATE

(page 1 of 4)

CF-6R

D.R. Horton Palisades All Plans
 Site Address Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (≥CF-IR value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (≥CF-IR value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1, ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date _____

Installing Subcontractor (Co. Name) _____
 OR General Contractor (Co. Name) OR Owner _____

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point of Use)	IF Recirculation Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ¹ (EF, PE)	Standby ¹ Loss (%)	External Insulation R-value
Gas	Bradford White M-4-50SGFBN	STD	N/A	1	40,000	50	.62		R-16

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed, 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

[Signature] 11/9/04
 Signature, Date

J.R. Pierce Plumbing Co.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 Building Owner at Occupancy



January 23, 2005

To Whom It May Concern:

This letter is written to verify that the homes by D.R. Horton at Natomas Creek will have front yard landscaping within ten days after homeowner occupancy. Due to our soil conditions, (weather) we have been unable to complete the landscaping prior to final inspections. If you have any further questions please contact our General Superintendent, Del Fairchild at 916-416-3227. Thank you.

A handwritten signature in black ink, appearing to read 'Scott Caroline', is written over a light blue horizontal line.

Scott Caroline
Superintendent
Palisades Community

INSTALLATION CERTIFICATE

DR HORTON - PALSADES PLAN 1
 Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Operator Type (e.g., fixed, slider)	Manufactured Product Labelled U-value (≤ CF-1R value) ²	Site Built Product # of Panes	Default U-Value ³	Quantity (Optional)	Total Square Feet	Comments/Special Features
1. 6110	HV	.35				265	
2. 6210	SH	.35				42	
3. 5621	SLD	.34				48	
4. 6340	PN	.33				40	
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

² Installed U-value must be less than or equal to value from CF-1R. Alternatively, installed weighted average U-value for the total fenestration area is less than or equal to value from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature (1) is the actual fenestration product installed; (2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and (3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

4
 Item #s
 (if applicable)

Joe Brant 11/8/04
 Signature, Date

MILGARD WINDOWS
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

Item #s
 (if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

Item #s
 (if applicable)

Signature, Date

Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department
 Building Owner at Occupancy

3rd Generation**Heating & Air Conditioning**

1660 Shadydale Ln.
Placerville, CA 95667
530-622-2228

Installation Certificate

Site Address: Palisades @ Natomas Creek, Natomas, CA
Plan 1 (Revised 10-20-04)

HVAC SYSTEM:**Heating Equipment**

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Heating Load	Heating Capacity
Gas - GMS80703ANA	Goodman	1	80%	Attic	R-6	70,000	70,000

Cooling Equipment

Equipment (pkg. - heat pump)	CEC Certified Mfr Name & Model Number	# Identical Systems	Efficiency (AFUE, etc.)	Duct Location	Duct/Piping R-Value	Cooling Load	Cooling Capacity
Elect - CKL-42-1	Goodman	1	10 SEER	Attic	R-6		3.5 Ton

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency standards for residential buildings and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.


Signature, Date

3rd Generation Heating & Air Conditioning
Installing Subcontractor

INSTALLATION CARD

WESTERN ONE STUCCO SYSTEM
SACRAMENTO STUCCO PRODUCTS CO., INC.

Job Address:

ICBO Evaluation Services, Inc.

D.R. Horton - Palisades

Report No. 3899

Lot 1254 3368 La Cadena Way

Date of Job Completion 2-10-05

Plaster Contractor

Name: TOLIVER PLASTERING, INC.

Address: 3346 Luyung Dr., Rancho Cordova, CA 95742

Telephone Number: (916) 631-9844

Approved Applicator's License Number as
Issued by Western Stucco Products 507

This is to certify that the plastering system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Shelly Nelson
Signature of authorized representative of plastering contractor

2-25-05
Date

Installation card must be presented to the building inspector
After completion of work and before final inspection.

No. DRH-1254